

Haresbrook Park Limited

Haresbrook Park Care Home

Inspection report

Haresbrook Lane
Tenbury Wells
Worcestershire
WR15 8FD

Tel: 01584811786

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haresbrook Park Care Home provides personal care and accommodation for up to 57 older people. At the time of this inspection there were 34 people living at the home.

The majority of people who live at Haresbrook Park live with an advanced dementia related illness or mental health illness. The home was split into two separate units, Country House, which supports people who have more complex health care needs and advanced dementia related illnesses. Also Glen View which supports people who were more independent and have a dementia related illness or mental health support need.

People's experience of using this service and what we found.

People had their risks assessed and further improvement was needed to ensure staff had detailed guidance to manage these consistently safely. People had their medicines as prescribed and the systems in place continued to be improved to monitor this. Staff demonstrated they understood and followed infection control and prevention procedures. People were cared for by knowledgeable staff who knew how to keep them safe and protect them from avoidable harm

Systems were being established to investigate and monitor incidents and accidents to ensure actions were taken to mitigate risks. The management team were reviewing the numbers and deployment of staff to ensure people's needs were met. Systems in place to monitor the safety of the environment continued to need improvement to ensure risks were identified and actioned consistently.

People were supported by staff who were on a program to update their skills to ensure people's needs were met. People's needs were assessed, and care was planned to meet legislation and good practice guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service were in place to support this practice. People's meal-time experience had improved, and the management team were working with staff to ensure this was consistent.

People received support from kind and caring staff, who were building friendships with the people they supported. The management team were establishing new ways to gather people's views and acted on people's ideas for improvements. People's privacy was respected, and their dignity maintained.

Further improvement was needed to ensure people's needs were consistently met and establishing interesting things for people to do and connections with the community. The information staff needed to provide personalised support and understood people's health needs was in the process of being updated. People's concerns were listened to and changes made to improve the service. When people needed support at the end of their life the service had skilled staff and systems in place to meet people's needs.

The management team were open, approachable and were improving the culture for people and staff at the

home. The management team had clear ideas to improve the quality of the care and establish systems to consistently ensure this was provided. People and relatives knew the management team and had confidence improvements would be maintained. The management team and staff established good relationships with other professionals and were developing links in the community.

Rating at last inspection and update

The last rating for this service was Inadequate (published 5 November 2019) there were multiple breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

Haresbrook Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors.

Service and service type

Haresbrook Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, team leaders, care workers and auxiliary staff. We also spoke with three professionals who regularly visit the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvements. This meant some aspects of the service were not always safe and there was improvement needed for assurance about safety. There was some risk that people could be harmed as improvements were being established.

Assessing risk, safety monitoring and management: Using medicines safely

At our last inspection in September 2019 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to ensure people's nutritional needs were assessed and food provided to meet those needs. The provider was in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14: Meeting Nutritional & Hydration Needs.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 or regulation 14.

- At our last inspection in September 2019 the provider had failed to ensure people's health, safety and welfare were assessed, guidance recorded and kept under review. At this inspection people's risks had been assessed and staff had guidance in place to support them to mitigate these risks. However additional details needed to be added to some people's risk assessments to ensure there was a consistent approach for staff. For example, there was a lack of personal detail in relation to managing one person's risk. Staff knew the additional information and on the second day of the inspection the management team had updated the guidance for staff.
- At our last inspection in September 2019 people were not always supported to move in a safe way. At this inspection staff had improved their practice and were in the process of receiving further training to ensure good practice was consistent. The management team were working with staff to ensure this was established.
- At our last inspection in September 2019 people did not always receive the support they needed to prevent sore skin. At this inspection monitoring systems had been improved and staff had a clearer understanding of how to prevent sore skin. People who were at risk of sore skin were monitored regularly by staff and the management team. District Nurses we spoke with confirmed staff made appropriate referrals and new people well and followed their guidance.
- During our last inspection in September 2019 people had been at risk of choking through the lack of staff understanding and clear guidance. At this inspection people were supported safely, there was clear guidance, and staff had a good understanding of the support people needed. Appropriate referrals were made to the specialist health teams and their guidance was incorporated into health plans.
- At our last inspection in September 2019 the provider failed to ensure there were safe systems in place to monitor and administer people's medicines. At this inspection we saw systems had improved and were kept

under review. However, we found there was improvement needed on guidance for staff to administer topical medicines such as creams. Staff did not have the information about where these medicines needed to be applied. On the second day of the inspection all the guidance had been updated to ensure staff were consistently applying medicines as prescribed.

- Staff had received training and competency checks to ensure medicines were administered in a safe way. Medicines were stored correctly and there were robust systems in place to monitor medicine management.
- At our previous inspection in September 2019 the provider had failed to ensure systems in place to identify risks to people through their environment were effective. At this inspection we found there had been improvements however we found this was not consistent, and risks were not always identified and actioned promptly. For example, we saw an unattached radiator cover had not been reported and repaired to ensure people were not at risk of harm. This was repaired before the end of our inspection. The new manager was working with staff to improve how health and safety risks were identified and actioned.
- People said they felt safe at the home. Relatives said they were confident staff managed their family members risks and they were not at risk of harm.
- There were systems in place to ensure risks such as fire safety were regularly reviewed, and action taken to make any required improvements.

Staffing and recruitment

At our last inspection in September 2019, we found the provider had failed to ensure there were sufficient competent staff on duty to meet people's needs. This was an ongoing breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18: Sufficient suitable qualified staff.

- At our last inspection in September 2019 professionals and staff, raised concerns about the impact of staff turnover and high levels of agency staffing upon the service's ability to meet people's individual needs. At this inspection there had been a clear improvement with a more established staff team who knew people and their needs well.
- At our last inspection in September 2019 the provider had failed to ensure there were sufficient staff available to support people with the right mix of skills, knowledge and experience to meet people's individual care needs. At this inspection staff demonstrated improved skills and knowledge, for example, we saw staff followed safe practice by using personal protective equipment (gloves and aprons) appropriately.
- At this inspection in September 2019 there continued to be improvement needed to ensure there were sufficient staff deployed effectively. For example, at certain times of the day people did not always have sufficient stimulation to improve their well-being. The management team explained they were continuing to recruit to vacancies, for example, an activity co-ordinator, to ensure there were sufficient staff available consistently. They were also reviewing the deployment of staff to ensure there were sufficient staff at the right times. They had made some improvements and were continuing to review.
- People told us they had support when they needed it, and relatives confirmed there were staff available when they visited. Health professionals said there were knowledgeable staff available when people needed their support.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

Preventing and controlling infection

- At our last inspection in September 2019 people were put at risk of infection because the provider had not ensured staff followed safe practice. At this inspection staff demonstrated improved practice and they had received updated training and guidance.
- At this inspection systems in place to monitor and manage the risk of infection needed improvement. For

example, we found some bathrooms did not have the required equipment to reduce the risk of infection, such as bins that operated by foot. Also, where improvement had been identified, this had not been completed at the time of our inspection. The new manager took immediate action and ensured people were no longer at risk of infection.

Learning lessons when things go wrong

- Relatives told us staff always shared with them if people had something go wrong. One family member explained how staff had worked with them to ensure their family member risks were reduced.
- At this inspection there were effective systems in place to monitor and review accidents and incidents. For example, we saw the management team had identified people were more at risk in one area of the home and they had redeployed staff and were keeping this under review to ensure improvements were established.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to protect people from potential abuse. They had received training, and they explained how they would take action to ensure concerns were investigated and people remained safe.
- The new manager had systems in place to safe guard people and had reported any identified concerns appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support continued to be improved and these improvements established.

Staff support: induction, training, skills and experience

At our last inspection in September 2019, we found the provider had failed to ensure there were sufficient competent staff on duty to meet people's needs. This was an ongoing breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18: Sufficient suitable qualified staff.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At our last inspection in September 2019, the provider had failed to ensure staff had the skills and knowledge they needed to support people. At this inspection there had been improvement. Staff demonstrated improved practice and skills, for example, with how they communicated with people. However, staff continued to require further training to ensure their practice had improved in all areas, for example, in supporting people to move safely. The management team had identified gaps in staff knowledge and arranged training for staff and were implementing competencies to establish the skills gained. Staff completed the care certificate where needed and were completing vocational training. The care certificate is a nationally recognised achievement for care staff.
- The management team were reviewing the induction process to ensure staff were skilled and competent for their role. Staff told us they had completed induction training and shadowed experienced staff to share best practice and knowledge about people's needs.
- The management team were arranging additional training, such as oral care, through support of health care professionals.

Supporting people to eat and drink enough to maintain a balanced diet

- At our last inspection in September 2019, people were not consistently supported to maintain a healthy diet. At this inspection we saw there had been improvement, and staff demonstrated an improved meal-time experience for people living at the home. We saw people's weights were improving and one relative told us how their family member was gaining weight and really enjoyed their food. However, we saw there continued to be improvement needed to ensure all staff demonstrated consistently this improved approach. For example, we saw some staff missed opportunities to communicate effectively by using systems such as plated up examples of the meal choices. The management team were aware of where improvement was needed and were working with staff and team leaders to ensure best practice was consistent.
- Staff were knowledgeable about how to meet people's nutritional needs, and made appropriate referrals

when people needed additional support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had been assessed and their needs and preferences in relation to their support documented and their care developed from this information.
- The management team were setting up easy access information on best practice guidance for staff and this also was available through their training resources on line for all the staff to access.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- Relatives said staff had supported their family member to access healthcare services when they needed support.
- We saw staff involved health care professionals appropriately, for example, during the inspection we saw people were visited by an optician to meet their needs. We spoke with health care professionals and they confirmed staff knew people and their health needs well and followed their guidance. All the health professionals told us there had been improvements recently and communication with staff was good and they were confident people were safe.
- Staff understood people's health needs and were knowledgeable about people's health conditions.

Adapting service, design, decoration to meet people's needs

- There had been further improvements in relation to supporting people living with dementia. There was clear signage in place to support people to identify important areas. There were areas of interest for people to participate in and create conversation between staff and people living at the home. For example, there was a street vendor cart in one hall way, and benches for people to sit and chat.
- The design of the building was specific to meet people's needs, for example there were wide corridors for easy access.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Relatives said staff always asked their family member for their agreement before they supported them. We saw staff consistently asked and waited for people to agree to their support.
- Staff understood people needed to consent to their care and had completed training. The management team were working with staff to improve their understanding of the legislation.
- The new manager had systems in place to ensure people were supported with decisions when needed in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- At our inspection in May 2019 we found the provider had not ensured people were supported by knowledgeable staff who had a clear understanding of people's needs when living with advanced dementia and lacked the ability to communicate effectively. At this inspection we saw improvements had been made. Staff demonstrated improved relationships with people and understood their needs. We saw examples of staff being kind and compassionate towards people.
- Staff showed they were focussed on people's needs and had developed an improved comprehension of how to communicate with people living with advanced dementia.
- The management team continued to develop and work with staff to improve their performance and ensure good quality care was provided.
- People told us they liked the staff who supported them, we saw they were comfortable and confident around staff. Relatives said staff were caring and they were confident with the support provided to their family member.
- Staff demonstrated improved understanding about people's human rights and consideration about issues related to equality and diversity with regards to people they supported.

Respecting and promoting people's privacy, dignity and independence

- At our inspection in May 2019 we found people did not always have their privacy and dignity maintained because people were walking in and out of other people's rooms and this was an expected culture by staff. At this inspection we saw people's dignity was maintained. Staff engaged with people to encourage them to be involved in interesting pastimes, and staff were aware of where people were and used distraction techniques to support people's dignity.
- We saw staff promoted people's independence and dignity, for example, staff encouraged people to be involved in choosing what they wanted to wear, with discreet prompts for appropriate choices.
- The provider had improved how they treated people with dignity since our inspection in May 2019. People now had access to their own toiletries, such as razors and nail clippers. We saw staff respected people's privacy through knocking on doors.

Supporting people to express their views and be involved in making decisions about their care

- At our inspection in May 2019 we found people were not always consulted with decisions about their support. At this inspection we saw there had been improvement made. For example, people had access to the communal areas of the home as they wished.
- People said they were involved in decisions about their care. The management team were establishing

systems to ensure people were regularly asked for their views about the quality of care provided. We saw they were establishing views through questionnaires, meetings and the new manager regularly checking people were happy with the care provided. One relative said they were looking forward to hearing from the management team about what was happening at the home.

- Relatives told us that they felt involved in the care of their family member and were kept updated by staff and the management team.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant there needed to be further improvements, to ensure people's needs were consistently met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our inspection in May 2019 we found people did not consistently have interesting things to do. We identified the provider needed additional staff to ensure people's social needs were met. At this inspection this continued to need improvement.
- There continued to be a shortfall in the number of activity staff available. The management team were in the process of recruiting staff to support people to follow their interests and take part in activities they enjoyed. At the time of the inspection there was a part time member of staff and this meant people did not always have interesting things to do because of the lack of activity staff.
- People living with dementia needed additional support and interaction at certain times of the day. For example, in the late afternoon. The management team was reviewing when they needed support for people to follow their interests. They also were looking at the resources for further equipment to support people's interest and training for staff involved.
- Relatives said their family members sometimes had interesting things to do. We saw when the activities member of staff was on duty people really enjoyed their interactions. Staff said people's well-being improved when they had interesting things to do.
- The management team were building relationships with the community to create opportunities for people to have interesting things to do. For example, encouraging relationships with local schools to provide links for people living at the home to enjoy interactions with the children.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team had changed their system to record information on people's care needs electronically. We found this was not fully completed and guidance for staff was not consistently clear and person centred. For example, one person's behavioural plan to guide staff with how to support this person when they were anxious lacked detail to ensure staff had a consistent approach. The management team ensured this plan was reviewed and updated before the end of the inspection.
- People said staff knew them well, and relatives said staff met their family member's needs. For example, one relative said staff always sang to their family member which they really enjoyed.
- People and their relatives shared important information with staff about each person's care needs, preferences and history. Staff had a good understanding of people's wishes and health needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, we saw the use of different techniques to establish their wishes.
- The management team were aware of the accessible Information standard and ensured people had access to their information. For example, they had information in different formats when it was needed.

Improving care quality in response to complaints or concerns

- At our inspection in May 2019 complaints were not always managed to ensure improvements were made in a timely way. At this inspection we saw there had been no complaints made since the new manager had started. The new manager was approaching relatives to discuss improvements at the home and introduce the new management team.
- Relatives said they were confident to raise concerns and the new manager was approachable. They were assured action would be taken when improvement was needed.
- The management team had a complaint policy and procedures to review any complaints to ensure they acted on concerns raised appropriately.

End of life care and support

- Staff told us they had supported people with end of life care when this was needed. They were knowledgeable about people's wishes how to respect them.
- The management team explained they worked alongside other agencies to support people at the end of their life.
- One district nurse we spoke with said staff were knowledgeable about supporting people at the end of their life and they were confident staff followed their guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership had further improvements to make. Leaders and the culture they created continued to improve and establish the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care

At our last inspection in September 2019, we found the provider's quality assurance systems were inadequate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection in September 2019, the provider failed to carry out regular audits and checks, their quality assurance had not ensured records were accurate or complete. At this inspection we found improvement had been made and the provider was working with the new manager to establish more effective checks. However, we found there continued to be improvement need in the checks for infection control and health and safety to ensure shortfalls were consistently identified and actioned in a timely way. For example, we found the infection control audit had not identified shortfalls in equipment needed to reduce the risk of infection. This meant the audits were not effective
- At our last inspection in September 2019, the provider failed to ensure there was an effective system to manage accidents and incidents and to ensure they were recorded, investigated and followed up consistently to ensure continuous learning. At this inspection we found there had been improvement and there was a system in place that provided the management team with a good oversight of all accidents and incidents to ensure risks were reduced. There were further improvements needed with the new electronic system to ensure the review from the new manager was recorded and actions completed. The new manager assured us this would be incorporated straight away.
- At our last inspection in September 2019, staff moral had been low. At this inspection staff expressed optimism with the new management team, they were confident the quality of care had improved and would continue to do so. They felt supported and listened to by the management team.
- Relatives said the management team were approachable and would listen to any concerns.
- The management team were improving the culture of the service through establishing regular meetings with staff and relatives to share updates about the home and encourage ideas for improvements. The management team were considering different ways to keep relatives up to date and involved with the home. For example, a newsletter for families.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection in September 2019, staff and health professionals raised concerns about a lack of clear leadership. At this inspection all the staff we spoke with were clear about their roles and were working with the management team to improve the quality of care provided. For example, reviewing how staff were deployed to ensure people's needs were consistently met.
- At our last inspection in September 2019, staff said they felt isolated and unsupported. At this inspection staff had attended team meetings and gave examples where they had made suggestions for improvements and they had been listened to. Staff who had left had returned and were positive about the improvements being made. One member of staff said they were looking forward to further improvements, such as face to face training, to improve their knowledge and skills.
- The management team had introduced new systems such as the electronic care planning, which had improved the monitoring systems for the quality of care provided. For example, tasks such as turning people were monitored to ensure people were protected from sore skin. The District Nurses confirmed people's skin care had improved. These systems were in the process of being established and on-going reviewing to ensure they were effective to monitor the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection in September 2019, we found the provider was not consistently promoting equality and diversity within the home, and it was not clear if the service considered people's protected characteristics. At this inspection we saw staff promoted people's equality and diversity through offering more choice. For example, the management team had contacted local religious services to establish regular visits for people living at the home. The management team were continuing to work with staff to promote good practice to ensure people's rights were upheld and maintained.
- The management team were setting up keyworkers to ensure people and their relatives were involved with their care planning and had a consistent links with the home and any planned improvements. Keyworkers are a named member of staff who are responsible for reviewing a person's care planning and ensuring they are happy with the quality of care provided.
- The management team were also reviewing how they engaged with people, we saw people had completed questionnaires to establish their views with positive responses, Meetings had been arranged to involve people and their families to establish their views and ideas for improvements. These systems needed time to be established to ensure people consistently received quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- At our last inspection in September 2019, the provider failed to be open and honest with people, and relevant others, when things went wrong with the care provided. At this inspection there were robust systems to ensure people and their relevant others were informed when things went wrong. Relatives told us they were kept up to date, and staff had a good understanding of the new systems. We saw appropriate procedures were established and monitored.

Working in partnership with others:

- At our last inspection in September 2019, the provider had failed to have effective systems to communicate with out-side agencies such as District Nurses which placed people at risk of poor outcomes. At this inspection improvement had been made and health care professionals were assured there was a positive relationship with the staff and communication had improved.
- The management team were continuing to improve relationships with external professionals. For

example, we saw senior staff were confident to contact the community occupational therapist when they needed support for one person.